Diagnosis of Schizophrenia in Young Children

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• **Schizophrenia can be discovered in pre-school children by observation of: Social indifference; uneven and intermittent motor or physical development; irregularity in speech development with tendency toward infantile speech; early fear of falling or rising, giving way to obsession with jumping and falling; excessive interest in spinning toys and circular motility; and preoccupation with body periphery—hands, feet and hair.**

When the physician observes these symptoms, or is consulted about them by the parents, clinical appraisal in consultation with a pediatric psychiatrist will usually suffice for diagnosis. Early treatment—before school age—is important for the child's future development.

MANY INVESTIGATORS have noted that childhood schizophrenia is a more common condition than was formerly believed, and also that pediatricians or general physicians can diagnose the condition early in life.

The child's physician is the only one in a position to observe the early signs of the disease and it is to him that the parents describe the child's deviant behavior. Most often the assumption that "he will grow out of it" prevails, and it may not until the child enters school that his peculiarities demand attention.

By this time, unfortunately, the growing years have been to some extent wasted. An erroneous suspicion of brain disease may cause the child to be subjected to unnecessary procedures—ventriculography, perhaps, or even a brain operation. On the other hand, if an incorrect diagnosis of mental deficiency or cerebral palsy is made, parents are likely to infantilize the child, doing everything for him, stifling development to the point of complete dependency. Correct treatment then becomes impossible in most cases, even if the condition is diagnosed. In many instances, the diagnosis is never made and the child is relegated to an institution for the mentally retarded.[9,10,11,12]

What, then should make one suspect the presence of childhood schizophrenia? What are the signs and symptoms to be looked for in pediatric practice?

The earliest sign of childhood schizophrenia appears to be pronounced disinterest in interpersonal activities, called autism,[7] with interest in things rather than in people. Children of this kind live in their own world and are distressed if there is any change in their surroundings (such as new toys or different furniture arrangement).

If autism is not manifest, neurotic and pseudopsychopathic traits may appear: Some patients strive for body contact by the "clinging, melting" activity which some investigators consider an important clinical sign.[1] Many characteristically appear immature, psychologically and physically. Uneven development is common; delayed motor development or precocious speech may be noted by the physician at one visit and perhaps a complete reversal of this pattern at the next visit.[5] Language may be completely absent or fragmentary, with misuse of personal pronouns and repetitive echoing of speech. Memory can be excellent, sometimes even astonishing, with precocious ability to learn songs or telephone numbers. Speech frequently is extremely infantile in nature, with unusual voice inflections. Observations of physical growth shows these children to be at decided variance with the accepted norm for long periods, followed in some instances by periods of rapid development.

Sleep disturbances and lethargic states seem to be common, as are gastrointestinal and allergic phenomena. Vasomotor instability occurs in some of the cases, as evidenced by cyanosis of extremities and perioral pallor.[1]

Abnormalities in locomotion include graceful dancing activity as well as persistent toe-walking.[4] Early in life, many schizophrenic children are apprehensive about falling or rising, while at a later stage they may take obsessive interest in climbing up stairs or onto tables. When playing, they frequently turn themselves about in circles and are preoccupied with spinning toys or circular objects. If this spontaneous whirling is not apparent, a test is that many can easily be turned about the longitudinal axis. This phenomenon has been extensively reported[13] and has been stated to be the residual of the tonic neck reflex, the latter a supposed dominant postural pattern of schizophrenic persons under six years of age. Only after the age of six, however, is whirling significant, and then by itself is evidence, not of schizophrenia, but of central nervous system immaturity.

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Schizophrenic children have a decided interest in space, time and motion. Hallucinations and delusions of the type noted in adult schizophrenics are rare; when voices are heard they are perceived as coming from within the chest, stomach or head, and are elicited by careful questioning. Preoccupations with the body periphery—hands, hair or feet[3]—are often outstanding and if not verbalized may be demonstrated by human figure drawings.

Attempts have been made to use the electroencephalogram and psychometric tests as aids in the diagnosis of childhood schizophrenia. It should be noted that electroencephalographic abnormalities have been reported in as many as 81 per cent of cases.[8] Asymmetric patterns, focal spiking and 3-second spike and wave formations are included in this category.[4] Hence, using the electroencephalograph as the sole aid in differential diagnosis, as is often attempted, is not trustworthy.

In general, it can be said that the reliability of psychological tests in infants and young children is comparatively poor.[6] They are only helpful in making gross distinctions between bright and dull children, but the child's future intelligence cannot be predicted. In the preschool schizophrenic child, psychometric testing may also indicate precocity in some activities and unexplained failure in others—features which can be noted in a careful clinical appraisal.

Experience has convinced the authors that it is paramount to establish the diagnosis as early as possible so that an appropriate treatment program can be planned. When a child's physician suspects schizophrenia he should immediately consult a pediatric psychiatrist and complete a total medical appraisal before making any definite statement to the parents. In most cases treatment must be thought of in terms of years rather than months, and in many, residential treatment is best.

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Social Security Footnotes

SOCIAL SECURITY has been changed many times in the 22 years since the original law was enacted. The size and variety of benefits, the tax rates, the tax base, coverage—all have been radically changed. There is no reason to believe that another 22 years will not see just as radical changes.

—From the Department of Public Relations, American Medical Association